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34401 7590 02/27/2007

THE ECLIPSE GROUP
 10605 BALBOA BLVD., SUITE 300
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05/30/2007 HDEMSS2 00000030 10666551

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Mariana Paula Noli (Depositor's name)
 (Signature)
 May 29, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/666,551	09/18/2003	Hemali Vyas	ST02001CIP1 (159-US-CIP1)	5544

TITLE OF INVENTION: PARTIAL ALMANAC COLLECTION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FES	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	05/29/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAN, DAO LINDA	3662	342-357120

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. The Eclipse Group LLP

2. _____

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SIRF Technology, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

217 Devcon Drive, San Jose, CA 95112-4211

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☒ Payment by credit card, Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502547 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27 ☒ b. Applicant is no longer claiming SMALL ENTITY status, See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date May 29, 2007

Typed or printed name Francisco A. Rubio-Campos

Registration No. 45,358

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Send to: Mail Stop ISSUE FEE	From: Mariana Paula Noli
Company: USPTO	Date: May 29, 2007
Fax Number: (571) 273-2885	Phone No.: (818) 488-8143

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please comment
- ☐ Please review
- ☐ For your information

Total pages, including cover: 4**Comments:**

Applicant: SiRF Technology, Inc.
Title: "PARTIAL ALMANAC COLLECTION SYSTEM"
Serial No.: 10/666,551
Attorney Docket No.: ST02001CIP1 (159-US-CIP1)

Please acknowledge receipt of the following documents:

- 1) Fee Transmittal (1 page + copy); and
- 2) Credit Card Authorization in the amount of USD \$ 1,400.00 (1 page).

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I hereby certify that this document (along with any papers referenced as being attached or enclosed) is being transmitted to the United States Patent and Trademark Office via facsimile to Fax No. (571) 273-2885, on the date set forth above.


Mariana Paula Noli